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Las Vegas, NV 89101 (Depositor's name) (Signature) (Date) APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. 10/748.077 12/31/2003 Patrick Castillo 6861 TITLE OF INVENTION: ARM SHADES APPLN. TYPE SMALL ENTITY **ISSUE FEE PUBLICATION FEE** TOTAL FEE(S) DUE DATE DUE YES nonprovisional \$665 \$0 \$665 08/19/2004 **EXAMINER** ART UNIT CLASS-SUBCLASS PATEL, TAJASH D 3765 002-016000 1. Change of correspondence address or indication of "Fee Address" (37 2. For printing on the patent front page, list (1) the latthew J. names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. firm (having as a member a registered attorney oragent) and the names of up to 2 registered patent ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. attorneys or agents. If no name is listed, no name will be printed. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Please check the appropriate assignee category or categories (will not be printed on the patent); individual corporation or other private group entity

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